

DRAFT October 7, 2003

**Office of Research and Development
VA Health Services Research and Development (HSR&D)
Targeted Research Announcement**

HSR&D/VISN Implementation Collaborative: Innovations To Implement Evidence-Based Clinical Practice

1. Purpose

The Veterans Health Administration (VHA) Health Services Research and Development (HSR&D) invites applications for collaboration with Integrated Service Networks (VISN) on a) implementing and evaluating an evidenced-based interventions or b) undergoing and evaluating an organizational or structural change to transform the VISN in to a learning organization¹ that can efficiently implement evidence-based practices. Collaborations are intended to help improve clinical services locally within participating VISNs *and* provide templates for expanding successful changes nationwide.

2. Background

VHA needs to develop efficient ways to broadly implement evidence based practices and foster a learning organization culture that systematically and continuously applies research to improve VA healthcare. Continuous quality improvement (CQI) methods strive to evaluate and improve quality as an ongoing, organizational process, but have usually not included an evidence-based intervention focus. Organizational research points to the importance of leadership, teamwork, cultural openness to innovation, and flexible management structures and styles. It also emphasizes integration of quality feedback and data as important organizational characteristics that can improve quality. These characteristics might help support evidence-based quality improvement, but well-defined methods for producing such cultures in clinical organizations do not exist.

3. Objectives for Projects

This solicitation requires matching funds from VISNs interested in partnering with health services researchers to accomplish two goals:

- A) *Facilitate implementation of evidence-based practices.* This facilitation could occur in two ways. First, a VISN could directly implement evidence-based practices. These evidence-based practices should improve care delivery for important clinical areas (e.g. high cost, high prevalence, high need, vulnerable populations). Alternatively, the VISN could undertake organizational or infrastructure development

¹ Peter M. Senge et. al., The Dance of Change: the Challenges of Sustaining Momentum in Learning Organizations (New York: Currency/Doubleday, 1999) and The Fifth Discipline Fieldbook: strategies and tools for building a learning organization (New York: Currency, 1994).

efforts that support evidence based practice implementation (e.g. development of training programs, researching new quality improvement organizational structures).

- B) *Generate knowledge that will facilitate implementation of evidence-based practices nationally.* Each applicant team will be responsible for ensuring that progress or findings in its network can be generalized and transformed into useful guidance for other VISNs. This goal will be accomplished by activities that test or develop theories about implementation, and a dissemination plan that ensures the general lessons about implementation, and the specific lessons of implementing individual evidence-based practices, are effectively communicated to other VISNs.

4. Eligibility

The application should originate jointly from a VISN Director or senior Network- Officer (e.g. a Network Clinical Manager) and a collaborating VA researcher. Multiple VISN directors can also collaborate with a single researcher to submit a unified application for multi-network projects. Either a VISN leader or a researcher can serve as PI.

5. Finding Collaborators

The new Office of Research and Development Implementation Unit within HSR&D will assist researchers and networks in identifying potential collaborators. Both parties are invited to submit Implementation Topic Interest checklists. For the very first application, checklists are being distributed electronically to researchers and senior network officials, but eventually will be made available upon the web. These checklists may be submitted at any time. However, to facilitate partnering in time for the first application, please submit interest checklists by October 20, 2003, 10 AM eastern time to Pauline Sieverding, PhD, either electronically (Pauline.sieverding@hq.med.va.gov) or by facsimile (at 202-254-0461). This process is optional, and researchers and Networks are also encouraged to collaborate independently of HSR&D assistance.

6. Evaluation Criteria

Proposals will be evaluated based on the extent to which they (1) are innovative, but draw from the theoretical and empirical evidence base on organizational change and healthcare provider behavior; (2) have sound organizational structure; (3) involve key stakeholders in planning and execution; (4) show promise for enduring and expanding success throughout VHA; 5) rapidly create clinical and organizational improvement; and 6) will add to the general scientific and practical understanding of implementation.

Because of the complexity of this process, funding will proceed in two phases.

6a. Phase 1: Planning Proposals

HSR&D will award up to \$50,000 per participating VISN to fund up to six months of planning and application writing activities. These six months will allow applicants the

necessary time to develop a sound research and dissemination plan, identify a clinical or organizational intervention, and generate support from all key stakeholders. These funds will support all aspects of planning and proposal writing (e.g. salary, travel, pilot data).

The planning grant proposal should describe, in no more than two pages of 12 point font text, preliminary plans for addressing Objectives A and B above, involvement of researchers and key stakeholders, and the process to develop a final proposal. In addition, a budget and biosketches for Co-PIs should be included on VA forms 1313-2 to 1313-6. The planning grant proposal must also contain a one- page letter of support signed by the VISN director(s) and one additional page for a timeline, if necessary.

Proposals will undergo peer review by an ad hoc committee, selected from members of the HSR&D Scientific Review and Evaluation Board, Network representatives and VHA Headquarters staff. Proposals will be evaluated on the basis of their scientific merit and expected contribution to improving VA health services. Proposals recommended for approval will then be considered for funding.

Planning grant applications will be due October 15 and April 15 of every year, with funding correspondingly announced by December 15 and June 15. Note, for FY2004 only, the submission deadlines will be November 15, 2003 and April 15, 2004. Funding will be announced by December 15, 2003 and June 15, 2004. HSR&D anticipates funding up to 11 planning awards in FY04, with an additional 3 each subsequent year.

6b. Phase 2: Final Proposals

Successful planning proposals are expected to result in submission of a Phase 2, Final Proposal. The final proposal must follow the standard format and requirements for an HSR&D merit review application (for instructions, see www.hsr.d.research.va.gov/for_researchers/funding/application/guidelines/ch3.cfm). However, unlike a traditional application, the 25-page narrative should relate to Objectives A and B (under the Objectives for Projects section). The narrative must also describe the plan for an unbiased evaluation of the proposed work.

HSR&D will award up to \$300,000 per year per participating VISN for up to three years total. This award, similar to Service Directed (QuERI) Projects (SDPs), can be used to fund the evaluation, training, performance monitoring, and salaries for clinical champions and evaluation personnel. In addition, each VISN will be asked to contribute at least as much in direct funding or in-kind support as is contributed by HSR&D and describe those contributions in a budget and a signed letter from the VISN director. Networks are advised that HSR&D anticipates extremely limited travel funds for this award, and are encouraged to assign travel costs to the Network budget contribution.

Applications will undergo peer review by an ad hoc committee, selected from members of the HSR&D Scientific Review and Evaluation Board, Network representatives and VHA Headquarters staff. Proposals will be evaluated on the basis of their scientific merit and expected contribution to improving VA health services. Proposals recommended for

approval based on merit will be considered for funding. Phase 2 Final Proposals will be due 6 months after the award of the planning grants, at the standard HSR&D merit review dates (June 15 and December 15 of each year). HSR&D anticipates funding five new applications each year.

7. Mailing Address

Proposals submitted under this initiative may be sent by regular mail or Federal Express, via the ACOS for R&D.

HSR&D/VISN Implementation Collaborative

HSR&D Service (124)

Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

8. Inquiries

For further information regarding this solicitation, contact Pauline Sieverding, PhD, (202.254.0249) or Pauline.sieverding@hq.med.va.gov.

Nelda P. Wray, M.D., MPH
Chief Research and Development Officer

VISN Collaboration Interest Checklist

I am a: ☐ VISN Leadership (VISN #) ☐ Researcher

Name:

Contact Title:

Contact Email:

Contact Phone:

I am interested in implementing something in one or more of the following areas (General Interest ☐)

- | | |
|--|---|
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Optometry/Ophthalmology |
| <input type="checkbox"/> Dentistry | <input type="checkbox"/> Pathology/Laboratory |
| <input type="checkbox"/> Environmental Exposures | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Geriatrics | <input type="checkbox"/> Prevention |
| <input type="checkbox"/> HIV/AIDS | <input type="checkbox"/> Primary Care |
| <input type="checkbox"/> Infectious Diseases | <input type="checkbox"/> Pulmonology |
| <input type="checkbox"/> Internal Medicine | <input type="checkbox"/> Radiology/Nuclear Medicine |
| <input type="checkbox"/> Long Term Care | <input type="checkbox"/> Rehabilitation |
| <input type="checkbox"/> Mental Health/Substance Abuse | <input type="checkbox"/> Spinal Cord Injury |
| <input type="checkbox"/> Neurology | <input type="checkbox"/> Surgery |
| <input type="checkbox"/> Nutrition | <input type="checkbox"/> Telemedicine |
| <input type="checkbox"/> Oncology | <input type="checkbox"/> Other _____ |

I would like to facilitate implementation by addressing one or more of the following areas (General Interest ☐)

- | | |
|---|---|
| <u>Organization Design/Structural Change (general <input type="checkbox"/>)</u> | <u>Culture Change (general <input type="checkbox"/>)</u> |
| <input type="checkbox"/> Governance/leadership structure design | <input type="checkbox"/> Becoming a Learning Organization |
| <input type="checkbox"/> Reorganization, process re-engineering | <input type="checkbox"/> Fostering innovation and creativity |
| <input type="checkbox"/> Development of multidisciplinary teams | <input type="checkbox"/> Promoting an evidence based culture |
| <input type="checkbox"/> Position (job description) change | <input type="checkbox"/> Creating a culture of safety |
| <input type="checkbox"/> Equipment/space allocation | <input type="checkbox"/> Promoting teamwork |
| <input type="checkbox"/> Performance incentive design and use | <input type="checkbox"/> Increasing staff engagement |
| <input type="checkbox"/> Informatics development and use | <input type="checkbox"/> Promoting workplaces with greater job satisfaction |
| <input type="checkbox"/> Enhancing continuous quality improvement | <u>Cost/Performance Monitoring (general <input type="checkbox"/>)</u> |
| <u>Training and Staff Development (general <input type="checkbox"/>)</u> | <input type="checkbox"/> Cost measurement, analysis |
| <input type="checkbox"/> Leadership development | <input type="checkbox"/> Performance monitoring methods |
| <input type="checkbox"/> Change agent/champion development | <u>Level of Change (general <input type="checkbox"/>)</u> |
| <input type="checkbox"/> Training content development | <input type="checkbox"/> Network wide |
| <input type="checkbox"/> New certification processes/requirements | <input type="checkbox"/> Multi-facility |
| <u>Patient Participation (general <input type="checkbox"/>)</u> | <input type="checkbox"/> Local/facility |
| <input type="checkbox"/> Increasing patient participation | <input type="checkbox"/> Departmental |
| <input type="checkbox"/> Patient education | |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Specific idea, if any:

Comments: